


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000107588
1. Entity Name
ACCOUNTING OFFICES OF BETSY A. MASCARO, P.A.



Principal Place of Business 840 US HWY ONE SUITE 415 NORTH PALM BEACH, FL 33408 US	Mailing Address 840 US HWY ONE SUITE 415 NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0802924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MASCARO, BETSY A
840 US HIGHWAY ONE
STE 415
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

100000012878
01/26/04-80030-001 150.00

10. OFFICERS AND DIRECTORS

TITLE DP	NAME MASCARO, BETSY A
STREET ADDRESS 840 US HWY 1 STE 415	CITY-ST-ZIP NORTH PALM BEACH, FL 33408
TITLE VP	NAME CIOFFI, GAIL
STREET ADDRESS 840 US HWY 1 STE 415	CITY-ST-ZIP NORTH PALM BEACH, FL 33408
TITLE S	NAME DANN, MARCY E
STREET ADDRESS 840 US HWY ONE	CITY-ST-ZIP NORTH PALM BEACH, FL 33408
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betsy A. Mascaro **1/23/04** **561-694-0166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #